

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 3472

Primary Registration District No. 542

Registrar's No. 2692

STATE FILE NUMBER 62-037076

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

4609
24609

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9163X

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1290-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ferguson</u>		c. CITY OR TOWN <u>Ferguson</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>501 Brotherton La</u>		d. STREET ADDRESS (If outside, give location) <u>501 Brotherton La</u>	
3. NAME OF DECEASED (Type or print) First <u>Horace</u> Middle <u>B.</u> Last <u>Johnson</u>		4. DATE OF DEATH Month <u>9</u> Day <u>15</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-2-1901</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Broker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>	
11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>E. Horace Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Burke</u>	
14. NAME OF HUSBAND OR WIFE <u>Ruth L.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Ruth Johnson 501 Brotherton</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of the Lungs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>		INTERVAL BETWEEN ONSET AND DEATH <u>About 1 yr.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Sept 15 1962</u>	
21. I attended the deceased from <u>Oct. 15, 1962</u> to <u>Sept 15 1962</u> and last saw him alive on <u>Sept 14 1962</u> Death occurred at <u>11:58</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Bernard H. Hottel M.D.</u>	
22b. ADDRESS <u>2435 N. Grand Blvd</u>		22c. DATE SIGNED <u>9-17-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-19-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cem</u>		23d. LOCATION (City, town, or county) <u>ST. Louis Co Mo</u>	
24. FUNERAL DIRECTOR <u>O'Sullivan Muckle Kron Jennings Rd</u>		25. DATE RECD. BY LOCAL REG. <u>9-17-62</u>	
26. REGISTRAR'S SIGNATURE <u>John M. Murphy</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

100 BA + 1000.
5485 N. Main St. - 315
Co 5-4877
Je 8-4405 Ren.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hector J. Stan Jr.

Licensed Embalmer No. 4800

P. O. Address Richmond 22 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.